

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 446507	RECEIPT DATE:	12 / 27 / 99
IA NUMBER:	PCT/ JP98 / 02870	IA FILING DATE:	06 / 26 / 98
FAMILY NAME:	KATO	DELAY WAIVED (Y/N):	N
GIVEN NAME:	KAZUO	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	06 / 27 / 97
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	500.38017X00	COUNTRY:	JPX
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	TELEPHONE	
		FAX	
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CITY:	ARLINGTON		
STATE/COUNTRY:	VA	ZIP:	22209
EMAIL:			
APPLICATION TITLES:			
	PHASE LOCK CIRCUIT, INFORMATION PROCESSOR, AND INFORMATION		
	PROCESSING SYSTEM		

TAB TO LAST POSITION,PUSH SEND



Bib Data Sheet


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<b>SERIAL NUMBER</b> 09/446,507	<b>FILING DATE</b> 12/27/1999 <b>RULE</b> -	<b>CLASS</b> 375	<b>GROUP ART UNIT</b> 2734	<b>ATTORNEY DOCKET NO.</b> 500.38017X00
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**APPLICANTS**  
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 KOZABURO KURITA, OME-SHI, JAPAN;

**\*\* CONTINUING DATA \*\*\*\*\***  
 THIS APPLICATION IS A 371 OF PCT/JP98/02870 06/26/1998

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 JAPAN 09-171470 06/27/1997  
 JAPAN 09-248701 09/12/1997

**IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED \*\* 03/24/2000**

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 22	<b>TOTAL CLAIMS</b> 45	<b>INDEPENDENT CLAIMS</b> 9
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <u>[Signature]</u> Initials: <u>[Initials]</u>				

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**TITLE**  
 PHASE LOCK CIRCUIT, INFORMATION PROCESSOR, AND INFORMATION PROCESSING SYSTEM

<b>FILING FEE RECEIVED</b> 2036	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
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